

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2012
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155145 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/19/2012 | |
| NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 603 E NATIONAL HWY WASHINGTON, IN 47501 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the investigation of Complaint IN00111506, IN00112136 and IN00110613.</p> <p>This visit was in conjunction with the PSR (post survey revisit) to the Investigation of Complaint IN00110032, completed on June 21, 2012.</p> <p>Complaint IN00111506- Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00112136- Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00110613- Unsubstantiated, due to lack of evidence</p> <p>Survey dates: July 18 and 19, 2012</p> <p>Facility number: 000068 Provider number: 155145 AIM number: 100274980</p> <p>Survey team: Marla Potts, RN TC Sharon Whiteman, RN Susan Worsham, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 71 Total: 81</p> <p>Census payor type: Medicare: 10 Medicaid: 58 Other: 13 Total: 81</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | Continued From page 1 Sample: 11 Washington Nursing Center was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regards to the investigation of Complaint IN00111506, IN00112136 and IN00110613. Quality review completed 7/20/12 Cathy Emswiller RN | F 000 | | | |